

Please type a plus sign (+) inside this box



PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.


DECLARATION Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent
Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

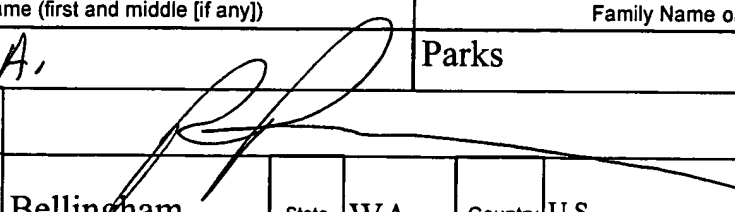
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:							
<input type="checkbox"/> Customer Number				<input type="checkbox"/> OR		<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						Place Customer Number Bar Code Label here	
Name		Registration Number		Name		Registration Number	
Robert B. Hughes		19,304					
Michael F. Hughes		41,084					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below							
Name		Hughes Law Firm, PLLC					
Address		Pacific Meridian Plaza, 4164 Meridian Street, Suite 302					
Address							
City		Bellingham		State		WA	
Country		U.S.		ZIP		98226	
Telephone		(360) 647-1296		Fax		(360) 671-2489	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)				Family Name or Surname			
Scott				Kohlmeier			
Inventor's Signature						Date	
Residence: City		Bellingham		State		WA	
Country		U.S.		ZIP		98226	
Post Office Address		3000 Niagara Street					
Post Office Address							
City		Bellingham		State		WA	
Country		U.S.		ZIP		98226	
XAdditional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) inside this box --> ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<h1>DECLARATION</h1>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2
----------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ronald K. A.				Parks			
Inventor's Signature						Date	02/10/04
Residence: City	Bellingham	State	WA	Country	U.S.	Citizenship	U.S.
Post Office	1014 W. 54 th Lane						
Post Office							
City	Bellingham	State	WA	ZIP	98226	Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office							
Post Office							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Washington, DC 20231.

+Patents,